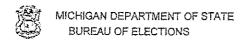
## **CANDIDATE COMMITTEE**

| COVER PAGE  | FOR OFFICIAL USE ONLY  |             |
|---|--|-------------|
| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.  | 3. This Statement covers From: (a = 1-12 P 27 13   | <del></del> |
| 1. Committee I.D. Number  | 4. Candidate Last Name First Name MI   |             |
| 150329  | 4. Candidate Last Name First Name M.I.  KLASS DOWALD L   |             |
| •   | 4a. Office Sought Including District # or Community Served (If applicable)   |             |
| 2. Committee Name CommITTEE TO  | TRUSTEE - HAMPTON TWP.   |             |
| RE-ELECT DONALD KLASS   | 4b. County of Residence BAU  |             |
| 5. Committee's Mailing Address  | 6. Treasurer's Name & Residential Address  |             |
| 166 E. Borton Ko.   |  |             |
| ESSEXUILLE MI   | SAME AS #5   |             |
| 48132   |  |             |
| Area Code and Phone 989-892-9614  |  |             |
| If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.                                       |  |             |
| be sent to this address by the filing official.   | Area Code & Phone  |             |
| 7. Treasurer's Business Address   | 8. Designated Record keeper's Name and Mailing Address (If the sommittee has a Designated Record keeper)   |             |
|   | Designated Necold Reeper)  |             |
| SAME AS#5   | SAME AS # 5 0  |             |
|   | 3 71112 173 3 15 15  |             |
|   |  |             |
| -   | Members  |             |
| Area Code and Phone   | Area Code and Phone  |             |
| 9. TYPE OF STATEMENT  |  |             |
| 9a. Pre-Election OR 9b. Post-   | t-Election 9c. Annual Statement ( Coverage Year)   |             |
| Pre-Election or Post-Election Statement relates to:   | 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9 or 9e to indicate which Statement is being amended)   | <b>C</b>    |
| Primary Gene  | 9e. Dissolution of Candidate Committee   |             |
| Convention Scho   | ool Effective Date of Dissolution  |             |
| Special   |  |             |
| Cauc  | By checking this item. IWVe certify that the committee has no assets or  |             |
| Date of Election, Convention or Caucus  | outstanding debts, including late filing fees. Further, I/We request that the dissolution cannot be granted, that this be considered a request for   | if          |
| 8/7/2012  | the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule  1B and the Summary Page.  |             |
| A committee that does not have a Reporting Waiver must file all req   | quired Campaign Statements. The Campaign Statements must include all applicable additions, and outstanding debts count against the \$1,000 Reporting Walver threshold.   |             |
| ff any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany this before the filing deadline of a required campaign statement, that | ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.  It is since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.  |             |
| 10. Verification: IWe certify that all reasonable diligence was used in nylour knowledge and belief the contents are true, accurate and con   | the proposition of this state of the state o |             |
| Current Treasurer or  |  |             |
| Designated Record keeper DONALD L. KLASS (  | Sonald Hlans Date 8-22-12  |             |
| Type or Print Name  | Signature Date   |             |
| Candidate DONALD C. KCASS /   | Abasto Illore Date 8-22-12   |             |
| Type or Print Name  | Signature  |             |
| Authority granted under P.A. 388 of 1976  |  | -           |



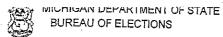
## SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number \_

150329 COMMITTEE TO RE-ELECT

| 2. Committee Name | DONALD | KL | A55 |
|-------------------|--------|----|-----|
|-------------------|--------|----|-----|

| RECEIPTS   | Column I                | Column II   |
|--|-------------------------|---|
| 3. Contributions   | This Period             | Cumulative this election cycle  |
| a. Itemized (Schedule 1A - Column 6)   | (3a.) \$ 1308.21        |   |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (3b.) \$ NOT APPLICABLE |   |
| c. Subtotal of "Contributions"   | (3c.) \$                | (18.) \$  |
| 4. Other Receipts (Schedule 1A -1, Column 6)   | (4.) \$                 | (19.) \$  |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)                             | (5.) \$ <u>-130821</u>  | (20.) \$  |
| IN-KIND CONTRIBUTIONS & EXPENDITURES   |                         |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)   | (6.) \$                 | (21.) \$  |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)   | (7.) \$                 | (22.) \$  |
| EXPENDITURES   |                         |   |
| 8. Expenditures  | 1-0-0-0                 |   |
| a. Itemized (Schedule 1B, Column 6)  | (8a.) \$/308,2/_        |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)   | (8b.) \$                |   |
| c. Uniternized (less than \$50.01 each - no Schedule)  | (8c.) \$                |   |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)                                      | (9.) s <u>1308.21</u>   | (23.) \$  |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)  |                         |   |
| 10. Disbursements<br>a. Itemized (Schedule 1C, Column 6)                                     | (10a.) \$               |   |
| b. Uniternized (less than \$50.01 each - no Schedule)  | (10b.) \$               | ·   |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)                         |                         |   |
| DEBTS AND OBLIGATIONS  | (11.) \$                | (24.) \$  |
| 12. Debts and Obligations  | 170021                  |   |
| a, Owed by the Committee (Schedule 1E)   | (12a.) \$ 1308.21       |   |
| b, Owed to the Committee (Schedule 1E)   | (12b.) \$·              |   |
|  | BALANCE STATEMENT       | NAME OF THE PARTY |
| Ending Balance of last report filed     (Enter zero if no previous reports have been filed.) | (13.) \$                |   |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)   | (14.) + \$ 1308.21      |   |
| 15. SUBTOTAL Add lines 13 and 14   | (15.) = \$ 1308.21      |   |
| 16. Amount expended during reporting period  | (16.)- s 1308.21        |   |
| (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)                      | (17.) \$*               |   |
|  |                         |   |



#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

### CANDIDATE COMMITTEE

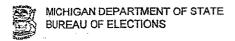
1. Committee I.D. Number 150329

Committee Takelect

2. Committee Name private Rass

| made initial. Office                 | eport <u>all</u> contributions                       | contribution is from an in<br>atribution is from a Politic<br>regardless of amount. | ai Committee                | or an Independent                                | 6. Amount                              | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--------------------------------------|--|---|-----------------------------|--|--|--|
| Name & Address:                      | PAC Receipt?   |   | of Receipt                  | 6/1/2012.  | 8/1/2012                               | -  |
| Donal                                | ld Klas<br>Borton<br>Ulle Mi<br>mulative, please pro | 48732   | ·                           |  | s 1308.2                               |  |
| Occupation                           |  |   |                             |  | Click Here t                           | or Memo Itemization  |
| Business Address                     |  | -   |                             |  |  |  |
| Type of Contribution:                | Direct   | Loan from a person  | Fu                          | Ind Raiser                                       |  |  |
| Contribution #2     Name & Address   | PAC Receipt?   | YES 4. Date   | of Receipt                  |  |  |  |
|                                      |  |   |                             |  |  |  |
|                                      |  |   |                             | ·  | \$                                     | \$   |
| 5. If over \$100.00 cur              | nulative, please pro-                                | vida:   |                             | •  | <b>-</b>                               |  |
| Occupation                           |  |   |                             |  | Click Here fo                          | r Memo Itemization   |
|                                      | <u>-</u>   | -mployer  |                             | <del></del>                                      |  |  |
| Business Address                     |  |   |                             |  |  |  |
| Type of Contribution:                | Direct   | Loan from a person  | Ft                          | ınd Raiser                                       |  |  |
| Contribution # 3     Name & Address: | PAC Receipt?   | YES 4. Date of  | of Receipt                  |  |  |  |
|                                      |  |   |                             |  |  |  |
|                                      | •  |   |                             |  | \$                                     | ·  |
|                                      |  |   |                             |  |  | ¥  |
| 5. If over \$100.00 cum              | ulative, please prov                                 | ide:  |                             |  | Click Here for                         | Memo Itemization   |
| Occupation                           |  | Employer  |                             |  |  | •  |
| Business Address                     |  |   |                             | ·  |  |  |
|                                      |  | Loan from a person  | Fu                          | nd Raiser  |  | •  |
| 3. Contribution # 4  Name & Address  | PAC Receipt?   | YES 4. Date of  | of Receipt                  |  |  |  |
|                                      | -  |   |                             |  |  |  |
|                                      |  |   |                             |  |  |  |
|                                      |  |   |                             |  | \$                                     | \$   |
| 5. If over \$100.00 cum              | ılative, please provi                                | de:   |                             |  | On the                                 |  |
| Occupation                           |  | Employer  |                             |  | Click Here for I                       | Memo Itemization   |
| Business Address                     |  |   |                             |  |  |  |
| Type of Contribution:                | Direct   | Loan from a person  | Fund                        | Raiser   |  |  |
|                                      |  |   |                             | Page Subtotal                                    |  |  |
|                                      |  | (0  | Grand Tota<br>Complete on l | al of All Schedules 1A<br>last page of Schedule) | 1308.21                                |  |
|                                      |  | - stampa-   | -                           |  | Enter this total on line 3a of Summary |  |
| Pageof                               |  |   |                             |  | Page.                                  | •  |

Page.



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150329

committee To RE-ELECT

2. Committee Name Donald KLASS

Enter this total on line 8a of Summary Page

| Name and address of person or vendor to whom paid   | 4. Purpose (Required Information)   | 5. Date 6. Amount  |
|---|---|--|
| Expenditure #1  Name HAMPTON TWP OFFICE  Address 801 W. CENTER RD.  ESSEXUILLE MI  48732  Fund Raiser | Purpose: LABELS  Click I  Check box if this expenditure is payment of debt or obligation reported on previous statement       | Date  Here for Memo Itemization Type   |
| Name U.S. POST OFFICE Address ESSEXUILLE Mi 48732   | Purpose: STAM PS  Click F   | (0-19-12 \$ 235.20<br>Date<br>Here for Memo Itemization Type   |
| Fund Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement                                 |  |
| Expenditure #3  Name PLACEMAT 4 YOUL  Address P.O. BOX 34  4910 GERA RD  FRANKEN MUTH MI'  4873 4     | Purpose: PLACEMATS  Click F  Check box if this expenditure is payment of debt or obligation reported on previous statement    | Date  Date    Columbia   Columbia |
| Expenditure #4  Name HAMPTON TWO OFFICE  Address 801 W. CENTER RO  ESSEXUILLE Mi 48732                | Purpose: <u>LABELS</u> Click H  Check box if this expenditure is payment of debt or obligation reported on previous statement | 7-6-72 \$ 10.03  Here for Memo Itemization Type  |
| Expenditure #5  Name U.S. POST OFFICE  Address EBSEXUILLE M,  4873 2  Fund Raiser                     | Check box if this expenditure is payment of debt or obligation reported on previous statement                                 | 7-6-12 \$ 47.20  Here for Memo Itemization Type  otal this page 536.65   |
|   | Grand Total of all<br>(Complete on last page  | Schedules 1B   |



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number \_\_

150329

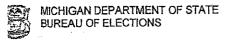
2. Committee Name DONALO

TO RE-ELECT

| Name and address of person or vendor to whom paid      | 4. Purpose (Required Information)  | 5. Date         | 6. Amount        |
|--|--|-----------------|------------------|
| Name VOLKER PRINTING                                   | POST CARDS  Purpose: HAND OUTS   | 7-9-/2<br>Date  | * <u>345,4</u> 0 |
| Address 1506 WOODSIDE AVE<br>ESSEXUILLE MI<br>48732    | Click H Check box if this expenditure is payment of  | ere for Memo    | Itemization Type |
| Fund Raiser Expenditure #2                             | debt or obligation reported on previous statement  |                 | -                |
| Name J.C. PEnny  | EUIDTI   | 7-9-12<br>Date  | \$ 19.08         |
| Address BAY City MALL BAY City M:                      | Purpose: SHIRTS Click H  | ere for Memo    | temization Type  |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement          |                 |                  |
| Expenditure #3   |  |                 | •                |
| Name SHIRTS MUGS & MORE Address 2728 CENTER AWE.       | Purpose: LETTERING   | 7-/0-/0<br>Date | 2 \$ 10.60       |
| ESSEXUILLE Mi 48732 Fund Raiser                        | Click H  Check box if this expenditure is payment of debt or obligation reported on previous statement | ere for Memo I  | temization Type  |
| Expenditure #4 Name BAY City TIMES Address BAY City Mi | Purpose: FINAL WORD  | 7-/0-/2<br>Date | * <u>53,50</u>   |
| BAY City III   | Click H  | ere for Memo I  | temization Type  |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement          |                 |                  |
| Expenditure #5  Name SHINTS MU9S & MORE                | Purpose: LETTERING   | 7-18-12         | 2 s 8.48         |
| Address 2728 CENTER AUE BESEXULLE MÍ 48732             |  | ere for Memo    | itemization Type |
| Fund Raiser  | statement  | al this page    | 437.06           |

Enter this total on line 8a of Summary Page

Grand Total of all Schedules 18 (Complete on last page of Schedule)



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

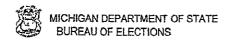
1. Committee I. D. Number

150329

2. Committee Name PONALID KLASS

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information)   | 5. Date 6. Amount                   |
|--|---|-------------------------------------|
| Expenditure #1  Name BAY Lity TIMES                  |   | 8-15-12 \$ 50.50                    |
| Address BAY City Mi                                  | Purpose: FINAL WORD   | Date Here for Memo Itemization Type |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |                                     |
| Expenditure #2                                       |   |                                     |
| Name Jimmy JOHN'S                                    | Purpose: FOOD   | 8-7-12 \$ 40.00                     |
| BAY CITY, M:   | •   | Here for Memo Itemization Type      |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |                                     |
| Expenditure #3                                       |   |                                     |
| Name BAY city TIMES                                  | T   | 8-13-12 \$ 47.00                    |
| Address BAY CITY, M.                                 | Purpose: FINAL WORD Click   | Here for Memo Itemization Type      |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |                                     |
| Expenditure #4                                       |   |                                     |
| Name HAMPTON TWP OFFICE                              | Purpose VotER LIST  | 8-14-12 \$ 7.00                     |
| Address BOI CENTER RO                                | Purpose: VOIEIZ ZIST  |                                     |
| ESSEXUILLE M'  |   | Here for Memo Itemization Type      |
| <i>487</i> 32_ Fund Raiser                           | Check box if this expenditure is payment of debt or obligation reported on previous statement |                                     |
| Expenditure #5                                       |   |                                     |
| Name SIGN DEDOT                                      | (10.116   | 8-15-12 \$ 190.00                   |
| Address /8/3 COCONIAL                                | Purpose: <u>5/4 NS</u>  | Date                                |
| ORLANDO, FL  | Click   | Here for Memo Itemization Type      |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |                                     |
| L diff. (Maso)                                       |   | total this page 334,50              |
|  | Grand Total of al<br>(Complete on last page   | I Schedules 1B                      |

Enter this total on line 8a of Summary Page



## **DEBTS AND OBLIGATIONS**

1. Committee I.D. Number SCHEDULE 1E

| CA | NΠ | ΙΠΔ | TE   | COMMIT     | TEE |
|----|----|-----|------|------------|-----|
|    |    |     | L II | COMMINIT I |     |

| CANDIDATE COMMITTEE 2. C   | ommittee Name LONGIN   | 40 RECICCI   | DON NO                                      | 479  |
|--|--|--|---|--|
| This Schedule itemizes:  |  |  |   |  |
| a Debts and obligations owed by or forgiven the com  | mittee OR b. Debt  | s and obligations owed <u>to</u> ourpose checked.) | r forgiven by the cor                       | nmittee.   |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment                 | 8. Cumulative payment to date on debt       | 9. Outstanding<br>Balance at close<br>of this period<br>(Item 6 minus<br>Item 8) |
| Debt #1 Corp? Yes Owed to or by:   | 4. Type: LOAN  |  |   |  |
| Don Klass  | 5. Date Debt Was Incurred:   | \$   |   |  |
| Don Klass<br>166 E. Burton   | 6/1/2012   | \$   | ·   |  |
| Essexville, Ml 11/22   | 6. Original Amount of Debt   | \$   | \$  | *  |
| 19732 48732  | s 479.42   |  |   | FORGIVEN   |
| If bank loan, name of endorser or guarantor:   |  | <u> </u>   | t Fadamadı f                                |  |
|  | Ĭ .  | I And  | ount Endorsed: \$ _                         |  |
| Debt #2 Corp? Yes Owed to or by:   | 4. Type: LO AN   | \$   |   |  |
| Don Hlass  | 5. Date Debt Was Incurred:   | \$   |   |  |
| 166 E. Borton  | 6. Original Amount of Debt:  | \$   |   | s  |
| Essexville, MI 48732   | il a li a a  | \$   | 4 <u></u>                                   |  |
| 10/92  | Y  | \$   | •   | FORGIVEN   |
| If bank loan, name of endorser or guarantor:   |  | Ал   | ount Endorsed: \$_                          |  |
| Debt #3 Corp? Yes  | 4. Type: LOAN  | s  |   |  |
| Owed to or by:   |  |  |   |  |
| Don Klass  | 5. Date Debt Was Incurred:   | \$   |   |  |
| 1 - · · · · · · · · · · · · · · · · · ·  | 6. Original Amount of Debt   | \$   |   | s  |
| 166 E. Borton  | \$ 334.50  | . \$   | . 2   | , <del></del>  |
| Essexville, MI 4872  | \$ <u>337,30</u>   | <b>s</b>   |   | FORGIVEN   |
| If bank loan, name of endorser or guarantor:   | ) <u>L</u>   | An   | nount Endorsed: \$_                         | <u> </u>   |
| II bank total, name of chaster of gastanov.  |  |  |   |  |
|  |  | Page Subtotal                                      | (Outstanding debt)                          | 1308.21  |
| (Co  | omplete on last page of Schedule s   | Grand Total<br>howing amounts owed by d            | of all Schedules 1E<br>or to the committee) | 1308.21  |
|  |  | ÷  |   | Enter this total on line 12a *owed   |
| a dake as abligation must be shown on this Schadu  | le if there was an outstanding ar  | mount owed on it at the cl                         | osing date of                               | by"" or line 12b<br>"owed to" of the   |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page



Page \_\_\_\_ of \_\_\_

#### ITEMIZED IN-KIND CONTRIBUTIONS

#### **SCHEDULE 1-IK**

1. Committee I. D. Number

|            | 15 | 0   | 3  | 26 | >   |     |      |
|------------|----|-----|----|----|-----|-----|------|
| com        | mi | 4/6 | Œ. | 70 | RE  | - 4 | LECT |
| <i>[Do</i> | NA | LD  |    | KL | A55 | ·   |      |

| CANDIDATE COMM  | IIIEE —————————————————————————————————   | 460   | KLAS   |   |
|---|---|---|--|---|
| 3. Name and Address from whom received If contribution is from an individual, enter last name first Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report II in-kind contributions. | Type of In-Kind Contribution (Check applicable box)     Date of Receipt     Name & Address of Vendor from whom goods or services purchased  | were  | 7. Amount or<br>Fair Market<br>Value         | 8. Cumulative<br>for Election<br>Cyde (Through<br>date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address:   | Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-L   | \$<br>OAN                                     | <u></u> \$                                   | <del>-</del>  |
| If over \$100.00 cumulative, please provide: Occupation:  | Description   |   |  |   |
| Employer Name & Business Address:   | Date Of Receipt:     Vendor Name & Address:   | Click   | k Here for Memo Ite                          | mizalion  |
| Fund Raiser Contribution  |   |   |  |   |
| Contribution # 2 PAC Receipt? Yes Name & Address  | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- Understanding Control of Candidate or Other Others- Understanding Control of Candidate or Other Ot | \$  | <u> </u>                                     | -0-   |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:   | Description  5. Date Of Receipt:  6. Vendor Name & Address:   | Click   | k Here for Memo ite                          | emization   |
| Fund Raiser Contribution  |   |   |  |   |
| Contribution #3 PAC Receipt? Yes Name & Address:  | Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated   | \$  | <u> </u>                                     | -0_   |
|   | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- L  | OAN.  |  |   |
| If over \$100.00 cumulative, please provide:  Occupation:  Employer Name & Address:   | Description  5. Date Of Receipt:  |   |  | ·   |
| Employor Rame a radioos.  | 6. Vendor Name & Address:   | Clic  | ck Here for Memo Ite                         | emization   |
| <del></del> 1   |   |   |  |   |
| Fund Raiser Contribution  | Page S  | Subtotal                                      | -0-  | 0   |
|   | Grand Total of all Schedi<br>(Complete on last page of Sc   |   |  |   |
|   |   | , <u>************************************</u> | Enter this total<br>on line 6 of Sum<br>Page | mary.   |